

Spirit Championships, Inc Team Waiver Form

I, the undersigned state that I am the parent(s)/Legal Guardian with custody or guardianship of the participant listed below, I hereby authorize , Spirit Championship, Inc, and Polk State College to use appropriate, promotional photographs taken of my child during the event in the future publications of Spirit Championships Inc, dba Showcase of Champions

I hereby grant permission to a licensed hospital and or health care staff members to administer immediate medical treatment as deemed necessary to my child should she/he be injured during the cheerleading event being held at the Polk State College on December 7, 2019. I further understand that I am responsible for payment expenses incurred relating to my daughters/son's medical treatment.

I acknowledge and understand the risks involved in this event and grant permission to my child to attend and assume those risks. I further agree to hold harmless, Spirit Championships, Inc, Head 2 Toe Cheer, Inc , the Polk State College and its affiliates and all associated officers and staff for any injury sustained as a result of my daughters/sons' participation in this event, Showcase of Champions Cheerleading Championship, Spirit Championship, Inc strives to provide the maximum in safety procedure and guidelines, and therefore cannot assume responsibility for any accident or injuries that may occur.

Complete the "Team Waiver Form."

Team Name/Entry Name: _____

City/State: _____

Event (s) Attending: Showcase of Champions

Division Name: _____ Division Code: _____

Completely fill out ONE "Team Waiver Form" per entry as follows:

1. List each team member on the "Team Waiver Form."
2. Fill out each line completely including all information and signatures. Participants who are 18 years of age or older should list their name on the participant line and can sign their own name on the parent/guardian line. (THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU IF INFORMATION IS NOT COMPLETE).
3. "Team Waiver Forms" must be received at least TWO WEEKS PRIOR to the event. Mail or email complete Form to:

Spirit Championships, Inc
716 Wesley Ave, Suite #2
Tarpon Springs, FL 34689

Phone (727)-421-6146

	Name of Participant	Age	Birthdate (dd/mm/yy)	Signature of Parent/Legal Guardian	Date Signed	Email Address
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If you have more than 20 members on this team, please duplicate this form as necessary.

Coach's Signature: _____